

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Brittany Chord			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Press Office			
POSITION Deputy Press Secretary			CB/D NUMBER		DIVISION OR BUREAU			INDEX NUMBER	
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS				TELEPHONE NUMBER	
CITY			STATE		ZIP		CITY		

MONTH/YEAR 1/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
26-Jan		SAC to SF	110.33								88	38.94	149.27
27-Jan		SF to San Jose	84.86								49	21.72	106.58
28-Jan		San Jose to Sac									123	54.74	54.74
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
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												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			195.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	259	115.39	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$310.58	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffed GS at the Richmond event on 1/27 and at the San Jose event on 1/28.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240890

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 2/11/10	SIGNATURE OF	DATE 2/16/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE 2/16/10	